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SERIAL NUMBER 10/617,484	FILING DATE 07/11/2003  RULE	CLASS 434	GROUP ART UNIT 3715	ATTORNEY DOCKET NO. 5660-01102
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## APPLICANTS

Thomas D. Marshall, San Antonio, TX;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/395,432 07/11/2002

QW 4/24/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

QW 4/24/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 10/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>QW</i>				

## ADDRESS

35690  
MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.  
700 LAVACA, SUITE 800  
AUSTIN, TX  
78701

## TITLE

Model of dental caries

FILING FEE  RECEIVED 594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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